



STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
REAL ESTATE COMMISSION OF MARYLAND
500 NORTH CALVERT ST, 3RD FLOOR BALTIMORE, MD 21202
MREC e-mail mrec@dllr.state.md.us
http://www.mrec.dllr.state.md.us

DO NOT WRITE IN THIS SPACE

RECEIVED _____

FEE \$ _____ CK () MO ()

APPLICATION FOR REAL ESTATE LICENSE CHANGE
ALL FEES MUST BE REMITTED BY CHECK, MONEY ORDER, CREDIT CARDS ON-LINE ONLY
DO NOT SEND CASH
PAYABLE TO THE MARYLAND REAL ESTATE COMMISSION

INSTRUCTIONS

ALL NAME CHANGES, ADDRESS CHANGES, TRANSFERS, TERMINATIONS, INACTIVE STATUS AND REACTIVATION OF A CURRENT LICENSE IN GOOD STANDING MAY BE PRESENTED IN THIS FORM OR ON-LINE TO THE REAL ESTATE COMMISSION.

Whenever the authority of an associate broker or salesperson to represent a broker is terminated by the broker, by law the broker shall immediately notify the Commission in writing and furnish a copy of the notice to the salesperson at his/her last known address advising of the termination of such authority. A copy of the Notice must accompany this application (Broker complete Section II only)

Personal name change i.e. marriage certificate, divorce decree, must submit document to the Commission.

I, _____
PRINT NAME REGISTRATION NUMBER

Hereby make application to the Real Estate Commission of Maryland this _____ day of _____

20____ for a change to my real estate license as indicated below

TYPE OF CHANGE

Personal Name Change/ Nickname	\$25.00	Duplicate License	\$25.00
Broker Business Name Change &	\$25.00	Branch Office Termination	No Fee
Each licensee under Broker	\$25.00	Branch Office Transfer	No Fee
Transfer	\$25.00	Home Address Change	No Fee
License Category 11, 33 and 55 only			
Broker Business Address Change	\$ 5.00	Inactive Status	No Fee
Reactivation of Inactive License	\$50.00	Termination	No Fee

Applicant Signature _____

SECTION I NAME CHANGE \$25.00 BUSINESS ADDRESS CHANGE \$5.00

MY NEW NAME AND/OR ADDRESS IS: BUSINESS TELEPHONE NUMBER _____

NICKNAME /PERSONAL NAME/AND/OR ADDRESS _____

BROKER'S TRADE NAME _____ BROKER'S REG NO. & SUFFIX NO. _____

BROKER'S MAIN OFFICE ADDRESS _____
NUMBER AND STREET

CITY COUNTY STATE ZIP CODE

SECTION II- TERMINATING BROKER—NO FEE

I acknowledge that: _____

PRINT FULL NAME

IS NO LONGER AFFILIATED WITH _____

PRINT COMPANY NAME

I have attached a copy of the termination notice sent to the licensee's last known address and the licensee's wall license. If license not attached, please explain. _____

Broker's Registration Number _____

Broker's Personal Name _____

Broker's Signature _____ DATE _____

SECTION III-INACTIVE STATUS (RENEWAL FEE MUST BE PAID)

I desire to place my license on an inactive status until further notice. **(Maximum of 3years)**

NAME _____
PRINT NAME

EMAIL _____

HOME ADDRESS _____
NUMBER AND STREET CITY/COUNTY STATE ZIP CODE

SIGNATURE _____ HOME TELEPHONE NUMBER _____ DATE _____

SECTION IV - DUPLICATE LICENSE

AS A CONDITION TO ISSUANCE, THE UNDERSIGNED CERTIFIES TO THE MARYLAND
REAL ESTATE COMMISSION THAT THE LICENSE HAS BEEN LOST OR MISPLACED.

AFFIDAVIT

State of _____ City/County _____

To Wit:

_____, being duly sworn, deposes and says that he/she is the person making the foregoing application.

That he/she has read the same and knows the contents hereof; and that all statements therein are true to the best of his/her knowledge and belief.

Subscribed and sworn before me this _____ day of _____ 20____.

Notary Public _____ My Commission expires _____